HIT Standards Implementation Workgroup
<mark>Draft Transcript</mark>
December 2, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Good afternoon, everybody, and welcome to the HIT Standards Committee's Implementation Workgroup. This is a call that will run from 2:00 to 3:00 this afternoon.

Let me do a quick roll call. Liz Johnson?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Judy Murphy?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Lisa Carnahan?

Lisa Carnahan – National Institute of Standards Technology – Chair
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
... for Anne Castro?

W
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Carol Diamond? John Derr?

John Derr – Golden Living LLC – Chief Technology Strategic Officer
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Micky Tripathi? Linda Fischetti? Tim Gutshall? Nancy Orvis? Wes Rishel? Kevin Hutchinson?

Kevin Hutchinson – Prematics, Inc. – CEO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Joe Heyman? Cris Ross? Lisa McDermott?

Lisa McDermott – Cerner Corp. – Sr. Architect
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Kevin Tarkoff? Ken, right?

Ken Tarkoff – RelayHealth – VP & General Manager
Ken. Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director
Tim Morris? Okay. Did I miss anyone?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Judy, Carol Diamond is here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Now I'll turn it over to Judy and Liz.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Liz, do you want to start or do you want me to?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Whichever, Judy. Go ahead.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Well, I was going to say I wasn't at the last meeting, so if you want to do the minutes that would be good.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Sure. Great. Okay. I assume that everyone has the minutes and has had an opportunity to review them. So are there any additions or changes to the minutes? Judy Sparrow, hearing none, we'll approve the minutes as written and then we'll go back to the agenda.

I don't know if we attached the committee presentation that we did for the Standards Committee earlier this week and if we want to go over that. I don't know if that's attached. There it is.

Judy Murphy – Aurora Healthcare – Vice President of Applications
It is. Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
What we're going to do with the workgroup is just very briefly Judy and I will just very briefly talk about; some of you obviously are on the Standards Committee and saw the presentation during that meeting, but some of you are not, so again, we always want to recognize the committee members and the hard work that they're doing.

Then what we really want to do is just give an update, which we have two activities that we are working diligently on. First and we'll be talking a great deal today about the January hearing. Then we are continuing to work with the HIT Policy Committee's Adoption and Certification Workgroup to not only work on this hearing in January, but activities in the future. Those are the two activities that we will continue to work on. Primarily today, we'll talk about the panel.

As we've gathered the information that we've worked together on and then refined it, we've come up with five panels. They're very similar to what you see in the feature, a little bit of renaming, but essentially the same type of content. The first panel would be one about supporting implementation, getting input from the Regional Extension Centers and their users, as well as the certifiers.

Then we'll do a couple of panels on the early adopters of meaningful use. You can see there are two types of panels we'd like to do, one coming out of our eligible provider community and the other coming out of the hospital community. Then we'll do a panel on meaningful use criteria, really looking at the issues, the metrics, how the vendors are doing. How is the population that wants to get to meaningful

use, how are they responding to that? Then finally, operationalizing exchange, which is certainly around the world of HIE.

These are the questions that we have suggested to the Standards Group and to this workgroup. As you read through those, Judy added a really good comment during the Standards Committee, that we also want to look at the communication methodology around communicating meaningful use and other types of criteria and how is working. What's working for the hospitals and eligible providers and other participants? What is not working? So, we'll be adding that question to this list of questions.

Judy, anything else on that part of it?

Judy Murphy – Aurora Healthcare – Vice President of Applications
No. I think you've captured it well.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Then the final slide—go to the next slide, please—and then we'll go back to the panelist questions. Today Judy and I will be working with this group and then through the month of December to get our plan for the January hearing set. That hearing will take place on January 10th and January 11th, the afternoon of the 10th and the day of the 11th. Judy will be leading a session to really begin to identify persons that will be appropriate. Certainly, we'll be looking to the workgroup for further input on questions and clarifying the objectives of that panel. Then we, Judy and I, are meeting with the Adoption Workgroup next week and we'll be continuing to work with them also for their either participation in this panel, as well as other things.

With that very brief explanation, that's really the amount of time we spent. We had a very aggressive agenda last week or this week with the Standards Committee and have heard a significant amount of hearing. So we wanted to keep our report back to the committee short and we did so. I'll just open it up to Judy and the group for your input, questions and further clarification that we'd be glad to add to these slides.

Judy Murphy – Aurora Healthcare – Vice President of Applications
First of all, any questions or comments from the group? Okay. I did think of one other thing, Liz, since Tuesday that I know we had talked about at some point in the past that we are probably going to want to reflect. That is the whole area that Doug Fridsma had brought up, specifically related to having folks from the ONC testify as to the communication and strategies that they're using to push their information out, both from the ONC, actually, and from CMS. I don't know if we want that to be a separate panel or if we want that to be threaded throughout. But, I think the idea would be for them to talk about the decisions that they made about communication and making sure that we're all aware of all of the communication, because this would be way of getting it into the public record as well.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
That's a great idea. It's interesting too, because with the ONC's push on— I'm sure most of the people on the committee are familiar with other workgroups or are familiar with— They're doing an initiative around what they're calling 50/50, which is getting the first 50 early adopters to publicly come out early in January, probably around January 5th or January 6th I think, Judy Sparrow, and talk about where they're going. So this hearing is really timed extremely well to follow up on that and get even more specific around experience.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Could you elaborate on the 50/50 a little bit more maybe, Judy Sparrow or Liz?

Judy Sparrow – Office of the National Coordinator – Executive Director
Actually, I don't know about it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Oh, okay.

Judy Sparrow – Office of the National Coordinator – Executive Director
I can certainly find out about it and send around an e-mail to the workgroup members.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Good enough. I don't either; that's why I was asking.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. I just became aware of it a couple of days ago and so my understanding is that the ONC has asked CHIME and AHIMA to get involved in that and to come out early in January with a significant communication from those earl adopters that are registering. So, Judy, if you'd get that out to us that would be great.

Judy Sparrow – Office of the National Coordinator – Executive Director
I will do.

W
Judy, is the intention of adding ONC and CMS communication more of an update on their communication strategies or is it an opportunity to possibly see some of the real world experience and how well the communication is or is not working?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes to both. Yes. That was a really good question. I actually think it's both, because I think in some cases we're not aware of what it is and/or their thinking as to why they're doing it the way they're doing it. So this would be a way for them to talk about it and explain why they're doing it that way, but then, of course, it's also the opportunity for us to provide feedback to them in terms of what we think is working or not working.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. I think it goes really well with your question that you added to the list of questions, because I think people are— We're all watching the Web sites and trying to keep up with what's going on, but I think at points we lose touch with everything. It's just very difficult to keep up with; at least that's what I'm hearing from the providers that I've talked to.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Great. Yes, and kind of focusing in even on a specific example, the way the FAQs are handled folks are getting, I'm feeling, a lot of frustration with, because you have to keep going back to them and looking and seeing. It felt like maybe if there was a way that they were linked directly with the criteria some way, rather than being a list of FAQs, but those are just some free floating thoughts and I think that's the purpose of the hearing is to really get more specific recommendations.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Good.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Well, I don't know that we can dynamically add that question, but we probably should add the question that I had suggested adding.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
I agree.

Judy Murphy – Aurora Healthcare – Vice President of Applications
I'm looking, because I know I wrote it out. Did you have it in your notes, by chance?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I don't. I'm in a different city. I know that's shocking.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. I'll find it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Okay.

Judy Murphy – Aurora Healthcare – Vice President of Applications
We could keep seeing if anybody wants to make any other edits to the questions and then maybe what we could do is start talking about panel suggestions.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
That'd be great.

Judy Murphy – Aurora Healthcare – Vice President of Applications
I'll keep looking.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Okay. So I'll kind of start. I was going to let the group know that CHIME and AHIMA had reached out to me and I know that Judy and I both have connections with HIMSS. I talked with CHIME and they will work on the provider side with us. They already have three suggestions that they're checking dates with. The one that they immediately talked to me about— Well, they talked to me about three people right away, one of which I don't think is going to be ready and that was Chuck Personette out of Indiana. I don't think they're going for early adoption, but Bill Spooner from Sharp Healthcare is and so that would be one of the persons they might be putting forward as a suggestion to us. They talked about Russ Brandel as another one. Then I have not reached back to AHIMA yet to look at what kind of testimony they thought would be appropriate to the questions that we're asking.

I know, Judy, you had suggested someone who's been following the regs very carefully and I think would be a really strong testifier in terms of understanding the criteria.

Judy Murphy – Aurora Healthcare – Vice President of Applications
That's the name that's listed on the agenda there, Nancy Vogt. We are planning on going for certification. We actually started our measurement period yesterday, December 1st, although realizing that it can be a rolling 90 days. We are making all of the criteria as of yesterday. We are kind of looking at exactly all of our stuff and whether we're making it or not. But, the bottom-line is Nancy Vogt was our Compliance Officer, who was responsible for ensuring that as we were attempting to meet and measure the criteria at our organization that we were complying with the rules and regulations as they've been posted by ONC and CMS. We chose to go that route and use our compliance department in that way.

Now, some folks I think are using their governmental affairs people. Some are using their IT people, but we chose to use our compliance folks. So Nancy has gained a lot of expertise and has been really the one looking at all of the updates and changes and FAQs that have been provided by ONC and CMS as guidance since the regulations have been posted, so I thought she'd be a great person to testify.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes, she sounds really good. We have a similar kind of activity going on at Tenet, but I wondered if other folks on the workgroup, do you either know of people that are working doing the same kind of work that Judy just described or have other suggestions?

Kevin Hutchinson – Prematics, Inc. – CEO
Liz, I might suggest I know the American Academy of Family Physicians spends a lot of time, resources and energy around small practices and family docs and their ability. They do a lot of education around their physicians on meaningful use and they also do a lot of research and studies of their practices and its applicability to their offices and its ease of adoption. They have lots of examples of various different

technologies that exist in those practices, so it might be wise to ask like Steve Walden or someone from the AAFP to join one of the panels as well.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Great. Got it.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Is that Walden, W-A-L-D-E-N, Kevin?

Kevin Hutchinson – Prematics, Inc. – CEO
Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Speaking it was just like it sounded, the AAFP?

Kevin Hutchinson – Prematics, Inc. – CEO
Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
By the way, as you give us names, what we're trying to do right now I think is just brainstorm the names, but then logically what we'll need to do is work them into one of the panels. For example, the example that I gave would go into the large hospital, IDN category, which on the January steering panels is number three and the one that Kevin just gave, Steve Walden, would go into the eligible provider experience, which was panel two.

Kevin Hutchinson – Prematics, Inc. – CEO
Yes. It's actually Waldren, W-A-L-D-R-E-N.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Okay. Thank you.

Kevin Hutchinson – Prematics, Inc. – CEO
Yes.

Ken Tarkoff – RelayHealth – VP & General Manager
Have we thought about the numbers of people that we want in each of those panels so we know how many we want to go after?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
In the past, we've four or five, right, Judy?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Correct.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right. That seems to work very well. Obviously, what Judy and I are trying to do is be able to contact those people in the next couple of weeks before the holidays so they'll have time to make appropriate arrangements.

Ken Tarkoff – RelayHealth – VP & General Manager
The only reason why I ask is if you're using CHIME and HIMSS to help you with the larger health systems, obviously they have access to a large number of them. I have some folks I could potentially recommend, but CHIME and HIMSS would be a good source as well—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Well, Ken, don't let that slow you down. If you've got somebody that you think is really good, please just let us know, because they are terrific about helping us, but we're the workgroup and your personal knowledge of people that's very helpful too.

Ken Tarkoff – RelayHealth – VP & General Manager
Okay. Well, what I'll do is I have a couple of people in mind. I'll reach out to them and see if they're available, so if I suggest them at least I'll know that they could do it if it's available. I can get back to you quickly on that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
All right.

Judy Murphy – Aurora Healthcare – Vice President of Applications
That would be great. Also, Ken, if you've already got one of the panels in mind for them, if it's not totally obvious, like it just was with the AAFP, please tell us which panel you're thinking they would be most logical for as well.

Ken Tarkoff – RelayHealth – VP & General Manager
Yes. I would look for candidates for both of those two, either the eligible provider or the hospital group. I mean I have people in mind for both of them. I just wanted to reach out to them and find out if they're willing to do it and if they're available and then get back to you. I just need a couple of days to do that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Sure.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Sure.

W
We can do the same too and even possibly maybe even find a critical access hospital.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Oh, that would be nice.

W
....

Ken Tarkoff – RelayHealth – VP & General Manager
....

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes it is.

Judy Murphy – Aurora Healthcare – Vice President of Applications
I'll add that in so we remember that too.

W
Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
By the way, I did find that question and—not to derail us too much—but to add to the panelist questions we could possibly edit this a bit, but it's can you describe your experience with and opinion of the efficacy of the ONC and CMS communications regarding meaningful use.

W
That's a great question, Judy. Can you send it to us in an e-mail?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. Don't worry; I'll get it in the notes. Yes.

M
Just as long as we don't have to answer that question—

Judy Murphy – Aurora Healthcare – Vice President of Applications
That's right. You know where we're also going to have some issues, I think, is really thinking of some good examples for the exchange.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
So that's another one that I'm thinking we could really use the collective think of the group on—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
On the Operationalizing Exchange. Yes.

Ken Tarkoff – RelayHealth – VP & General Manager
Let me ask a little bit—I mean this is an area where we play and we have a number of potential customers that could talk. What are we focused on? Are we trying to get a mix of the different types of approaches that people are doing here? So do we want to get the different flavors?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Well, when we talked about it originally we had talked about the fact that there were state HIEs and there were private HIEs. I don't know where we want to go with that, but there was an interest from the workgroup and the Standards Committee to understand how both are working. That's what I recall.

Judy, do you want to—?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes, but what I want to caution us on this one is not to get too broad, because there are two things, I think, going on here. One is the development of the HIEs that we know we're going to need for the future, okay? Then there is the exchange/meaningful use criteria for stage one. I think we may want to look at having the panel address both of those things, but I'm curious in my own mind if the folks on the call think they're too almost mutually exclusive, because the people that are worrying about the stage one criteria by the very nature are probably not working on the HIE, you know?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. I would agree with you because the fact is that you only have to show you can do it.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. So maybe we do have this one more be focused on the, say, designated entities and what they're all doing to advance the future, if you will, and where we know we're going to need to be probably for stage two as compared to focusing on stage one, which I think is the case in all of the other criteria. We were really talking more about stage one and kind of the immanent timeframes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes.

W

You need to probably strike the balance of the drivers of the HIEs, so the folks that are driving what's happening with the HIE, whether it's private or public and the folks that are just contributing or receiving, how they're engaging and interacting with the HIEs in their area or not.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Right. That's a good point because one of the questions that came up, what one guy introduced in one of the discussion that we had and I don't recall which body we were with, but was are people using the state HIEs. Are they really there yet? You know the questions.

Ken Tarkoff – RelayHealth – VP & General Manager
Yes. Well, Liz, one of the issues with that question is the variation state-by-state is significant— Go ahead. I'm sorry. I didn't mean to interrupt whoever is—

W
No, finish. Go right ahead.

Ken Tarkoff – RelayHealth – VP & General Manager
And the variations. One of the things I thought might be interesting would be the different perspectives, because even in the state designated HIE and states next to each other, some states are going for the traditional mail model and others are going through the bringing communities and regions together to connect. They have just different approaches in the marketplace, so very, very different approaches that will impact different states and so forth. I do think that's important, not just because many of them are trying to help with stage one and it's really important the position that they play in the foundation for later stages as well too.

Judy Murphy – Aurora Healthcare – Vice President of Applications
So when you say they're trying to help with stage one are they like a recipient where we could send a transaction to them and then that was what we could attest to, that we were able to do it? Is that what you're thinking, Ken?

Ken Tarkoff – RelayHealth – VP & General Manager
Well, yes, but it's also I mean depending on the market in some places they're counting on that group to deliver some of the functionality—

Judy Murphy – Aurora Healthcare – Vice President of Applications
Right.

Ken Tarkoff – RelayHealth – VP & General Manager
So, for example, getting the results to the eligible providers, they're counting on some of these entities or organizations or technologies to solve that for them. In some states it's a state designated entity and in some states it's solutions that are tied to it depending on the way the state's approaching it. A classic example would be California and New Jersey doing it more, trying to promote what's going on in the market rather than forming a structure; whereas, there are other markets that actually have an infrastructure that they put in, like New York, where there's actually specific infrastructure based RHIOs that have a different model for it. Those states are right next to each other, but their strategies are very different.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Won't it be fun when you have patients that sit in both states?

Ken Tarkoff – RelayHealth – VP & General Manager
That's right.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes.

Ken Tarkoff – RelayHealth – VP & General Manager
I mean I don't know if this is the right dialogue, time for that dialogue, but at some point it might be a good idea to get some insight into how different it is across the country—

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes.

Ken Tarkoff – RelayHealth – VP & General Manager
Maybe that's some insight into the things that we need to be thinking about in the implementation, because if every state goes so differently from the other one you are going to have that problem.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes, you are.

Lisa Carnahan – National Institute of Standards Technology – Chair
Hey, Judy?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes? Go ahead.

Lisa Carnahan – National Institute of Standards Technology – Chair
It's, I guess, probably not a minor point from my perspective, but from the provider perspective, it might be a little bit of a minor point. But I think it would be interesting for me anyway, given the role the HIEs and the variations of them could play in the meaningful use of the ability for you all when you go to exercise operationally the process of reporting to CMS and everything and have to report your certified systems. That if you're making use of that functionality and it's become part of your certified EHR system are those guys going to do that and how does that all, if you're going to make use of those services; for example, if they're going to do your quality stuff—

Ken Tarkoff – RelayHealth – VP & General Manager
You're talking about leveraging a modular certification to round out your solution set? Is that what you're talking about?

Lisa Carnahan – National Institute of Standards Technology – Chair
Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Oh, rather than using like an enterprise data warehouse that's certified or something like that?

Lisa Carnahan – National Institute of Standards Technology – Chair
Right. I just wondered because I actually don't know, but I envisioned or at least thought about from a commerce perspective there is opportunity for HIEs to offer some of those services, right?

Ken Tarkoff – RelayHealth – VP & General Manager
Well, it's not just opportunity. That's actually happening in the market—

Lisa Carnahan – National Institute of Standards Technology – Chair
Okay. So those guys would have to get certified for a provider to be able to claim that's part of—

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes.

Ken Tarkoff – RelayHealth – VP & General Manager
That module. Yes, because actually that's a good point. I actually think a common confusion in the marketplace is even if you have complete certification as a provider, you don't have to use all of the

elements that were incomplete. You can designate for each module what certified solution you're using and so if you're using an HIE to solve two of the modules and you're not using the vendor that does most of it for you, if they're complete you still qualify.

Lisa Carnahan – National Institute of Standards Technology – Chair
Right.

Ken Tarkoff – RelayHealth – VP & General Manager
So that's what, in a number of places, people are doing just, I think, as you asked. I do think HIEs are providing that capability. I mean there is no norm. It's all over the place, all over the market—

Lisa Carnahan – National Institute of Standards Technology – Chair
Yes.

Ken Tarkoff – RelayHealth – VP & General Manager
But there are examples of that happening for sure.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Okay. Then I guess in general—and I realize we're on the exchange—but when we get into the other providers and their experiences I realize the bulk of it is really getting their systems to be meaningfully used and all of that kind of stuff, but we still look at it from the certification point of view. Is the program itself, what are the issues of making sure you're using a certified product and what are the barriers and obstacles and lessons learned on that side?

Ken Tarkoff – RelayHealth – VP & General Manager
Right.

Lisa Carnahan – National Institute of Standards Technology – Chair
When you say that would you put that into the certifiers panel?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No, because they're certifying products. You are the users. Correct me if I'm wrong; you're the ones that have to show the composability that you, in fact, are using a complete EHR, certified system.

Lisa Carnahan – National Institute of Standards Technology – Chair
Right.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
So I think it was Judy you spoke to you were getting ready for meaningful use and doing all of this stuff; someone there is making sure that in fact you have a system that meets all of the criteria—

Judy Murphy – Aurora Healthcare – Vice President of Applications
Correct.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Certified. Correct. So I don't want to belabor it; it's just that I wouldn't mind hearing about that as well in the lessons learned, that little piece of it; that you were able to do that easily or not easily or—

Lisa Carnahan – National Institute of Standards Technology – Chair
Right, I get your point.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. But the HIE one I think is more interesting, because that's making use of outside services and then the HIEs have to get themselves certified.

Ken Tarkoff – RelayHealth – VP & General Manager

It's interesting because when I heard that dialogue, the clarity and understanding, at least as I understand it, I see it, as you don't have to, as a provider; use all of the modules of a completely certified EHR as a provider.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes.

Ken Tarkoff – RelayHealth – VP & General Manager
You can pick and choose which ones you certify, but each technology vendor, if they want to offer a complete EHR certification, have to get that. So if someone chooses to use them you can cover all of them, but the provider can pick and choose; ultimately, they can pick and choose, because there are a lot of hybrid environments—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right.

Ken Tarkoff – RelayHealth – VP & General Manager
In the marketplace.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Right. But at the end of the day—and tell me if I'm wrong, because, wow, I'll be really wrong—at the end of the day though a provider has to show CMS that in fact they have a system that has a checkbox next to all of the criteria, the three or two—

Ken Tarkoff – RelayHealth – VP & General Manager
No, you don't have to use one to do all of those.

Judy Murphy – Aurora Healthcare – Vice President of Applications
No, you don't have to do one, but the union, the union of all of the modules—

Ken Tarkoff – RelayHealth – VP & General Manager
... yes. I'm sorry ....

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes, the union pulls it together. Okay.

Ken Tarkoff – RelayHealth – VP & General Manager
That's fair. I'm sorry. Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Okay. So I was not completely off my rocker there. Okay.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No, you're right.

Ken Tarkoff – RelayHealth – VP & General Manager
Just as we're thinking about how it ties to operational exchange, that's why I think it is, the reason why I do think it is a good inclusion in this is because I do think people are using components of exchanges to address modules—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right.

Ken Tarkoff – RelayHealth – VP & General Manager

And how that's working and particularly because there's all of this money going into it and how its tying in and is it helping and is it consistent, because there are some real industry problems in there that need to be talked about.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Okay. So I think I'd appreciate hearing that for stage one and that's going to be huge in stage two if they try to focus on the HIE, the exchange functionalities and move forward with that from a standards' perspective or anything. I think what we hear will be huge to inform that.

Ken Tarkoff – RelayHealth – VP & General Manager
I completely agree, particularly when the patient gets involved.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Absolutely. Do we have thoughts on either questions to add or people to ask in this space?

John Derr – Golden Living LLC – Chief Technology Strategic Officer
Judy, we're getting into the Minnesota HIE and then also the Indiana one. I don't know whether this session we want to talk about it, but it's the cost, because these HIEs have to make money and each one of them is charging different types of fees. I don't know whether people want to find out about the cost or not. I know Minnesota, at least for our SNFs and that are going to be about $1,400 a month—I mean a year. Then I learned a few months ago, Nebraska was something like $2,000 a month, which nobody can afford that, at least on the SNF side.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes, that's correct, because we have a hospital in Nebraska.

John Derr – Golden Living LLC – Chief Technology Strategic Officer
So I think maybe cost is going to be an issue because they are all charging fees all over the place—

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes ... going to be.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No it's not.

Ken Tarkoff – RelayHealth – VP & General Manager
Just a thought on that too, my only concern—I mean I think that's a great topic—my concern is if we really explore HIE you would have an entire day dedicated to it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Exactly.

John Derr – Golden Living LLC – Chief Technology Strategic Officer
Yes. You're right.

Ken Tarkoff – RelayHealth – VP & General Manager

So I mean that's a great point and there are many others. What I'm wondering is if we're thinking of the questions we probably want to keep them pretty contained to tying into the rest of what we're doing here, which is how are people using HIEs to help them address stage one. We could have a separate, an entirely separate panel focused on all of these different elements of cost and sustainability, because all of these state HIEs are all meeting and spending a ton of time on how to come up with a sustainability model. So I know there is a lot of dialogue on that and that could end up just completely overwhelming this day if we brought that on as a topic.

John Derr – Golden Living LLC – Chief Technology Strategic Officer
We ought to tell them at the beginning that we're not going to handle those things; otherwise it'll come up.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Well, you could ask it in the context of what are the barriers and challenges keeping you from being successful and meeting the stage one criteria. As the panel feels that that's one of those that's keeping or impacting them then that might ... barrier—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right.

Ken Tarkoff – RelayHealth – VP & General Manager
That's a good idea.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes, that is a good idea.

Paul Egerman – Software Entrepreneur
Hello. It's Paul Egerman joining late.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Hello, Paul.

Paul Egerman – Software Entrepreneur
I apologize for being late.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No. Welcome.

Judy Murphy – Aurora Healthcare – Vice President of Applications
I think that's a good point though. It's probably best to keep the comments not about the trials and tribulations of HIE life, but rather focusing back on the stage one. Yes, the more we were talking the more I thought yes, this is big.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes it is.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
This is Joe Heyman. I just wanted to let you know I am here.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Hello, Joe.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
I'm probably going to have to leave early because I somehow screwed up my times with patients and I've got a patient waiting. So I apologize.

Kevin Hutchinson – Prematics, Inc. – CEO
Joe, I was representing the small doc practices in your absence.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
Thank you. I'm so glad to hear that, Kevin. I'm so relieved that Kevin was there.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
So the suggestion, Joe, was that we get with AAFP and look to them. Do you have any other suggestions given your short time with us?

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
Yes. Well, what I would suggest is; and I don't even remember if I was the one that you said said that they would do something before the next meeting, but if I was I apologize—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
That's all right.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
There is an AMA Committee on Health IT, an advisory board and I was going to ask their staff person if they had any ideas. Then, I'm also involved in an IPA that's working hard on doing meaningful use for all of our members and I'm just wondering whether you want to have somebody from my IPA come and testify. In any event, I'm sure I could find somebody if you wanted us to.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Great. Then we'll put you down and we'll get back with you.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
Okay.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Okay. Well, Judy, have we touched on all of the panels?

Judy Murphy – Aurora Healthcare – Vice President of Applications
We talked about exchange. Oh, yes. Well, we still have the certifiers and regional extension centers—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Probably to talk a bit about, because I think panel four with the performance metrics and quality measures, we can pull those and maybe we even ask the people in panels two and three to speak to those two pieces—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
As well. Sure.

Judy Murphy – Aurora Healthcare – Vice President of Applications

As well, so we can probably figure that out, but yet, back to supporting implementation with the regional extension centers and certifiers—

W
Hey, Judy, the certifier there, is that product certifier or a different certifier?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes, product certifier.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. The interest for the regional extension centers was, again, from the Implementation Workgroup having had varied experiences with the different regional extension centers and wanting to hear from the participants that we're using that, so to speak, service and how is it working and how is it. Were they able to support them in their adventure to get stage one at a station zone? That's what we were asked to try and kind of get some information around that we don't really have a clear body of knowledge today on.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Meera and I talked to Doug Fridsma about this briefly and, Meera, chime in if I'm not saying this correctly, but I think we can help with maybe getting some regional extension centers on a panel.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Great.

Judy Murphy – Aurora Healthcare – Vice President of Applications
By the way, that space, what we don't want to do, of course, is replicate what's already taking place. The regional extension centers do have a mechanism to get together and there is a resource center that's been identified, but I think our role is to talk about, again, the efficacy of that. Are they feeling they've got the tools to get their work done? Again, I suppose we could ask the small practice provider are they feeling like there's a reach out to them and this is a viable solution.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
Yes. I was going to suggest that the best way to know whether these regional extension centers are working effectively would be to ask the people that they're supposed to be helping.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. That's what we've heard a couple of times from the smaller providers is that they want a voice. They want to be able to talk about what's working and what is not working.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
Right. I can tell you that my IPA is signing up the entire group of primary care people with our Massachusetts Regional Extension Center and then we're using the Extension Center actually for the entire IPA to mostly the privacy and security portion of meaningful use. So that's one way that an extension center could be used.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Any other comments like around the certifier? You know what? It just dawned on me there's another clarification. For the certifiers that was on both sides, how we had talked about that originally, the companies that are certifying the solutions, as well as the solution response to that in terms of how that process has gone.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. That was a clarification I should have made, I think, at the beginning. So the question, again, is always going to be what vendors do we ask to come respond to that. I think from the certifier standpoint there still are only the three. I haven't gone to that Web site in a while, but there were, at least the last time I looked, three.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes, I think that's it.

W
There are three.

Lisa McDermott – Cerner Corp. – Sr. Architect
Judy, I mean we'd be open to doing it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Okay.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. I think, again, that would be good to get a big, a couple of bigs and a couple of smalls, maybe—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
In terms of vendor size?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes.

Lisa McDermott – Cerner Corp. – Sr. Architect
I have one question on this. As it relates to a hospital or eligible providers being a recipient of certified software and the timeline that's going to get applied to them of when they have to take their next certified release, is there a need to possibly have at least one organization represented to talk to that a little bit of the challenges the industry might have looking forward to the program or is it too early yet?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Lisa, would you clarify your question? Are you saying if there's another release required, for example, for stage two, can you get there in time? Is that your quandary?

Lisa McDermott – Cerner Corp. – Sr. Architect
Well, there are two parts to that. You hit on the one, as it relates to stage two requirements being defined and vendors being able to become certified in time for organizations to consume and take to production use the stage two. The second part of that is the requirement that's there right now that regardless of

your attainment year you need to be on a stage two, certified release and I believe it's starting at the start of the fiscal year of 2012; 2013, excuse me.

Judy Murphy – Aurora Healthcare – Vice President of Applications
2013. Yes.

Lisa McDermott – Cerner Corp. – Sr. Architect
So it's those types of challenges of is there enough time to implement. We don't know what is going to be in stage two, but we can all speculate. I don't know. Maybe it's too early to have that discussion.

Judy Murphy – Aurora Healthcare – Vice President of Applications
But it is a good example of something that's been said and maybe even be in the document somewhere, but It's probably something to change, because there's no way—

Lisa McDermott – Cerner Corp. – Sr. Architect
Right. We're not going to get meaningful use until the end of 2011. How can we expect vendors to have it less than a year later, you know?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. You're right. I mean we certainly have heard this over and over in the committee.

Lisa Carnahan – National Institute of Standards Technology – Chair
You can tell me this isn't a valid question either, but I was thinking even from a stage one perspective would it be useful to hear from some providers the challenges of they already have an existing system. Is everything working smoothly that their vendor is getting that existing solution certified as they're paying and having to tweak it or upgrade it?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes, getting it to a "certified version."

Lisa Carnahan – National Institute of Standards Technology – Chair
Right. That would be interesting to hear from the vendor perspective since they're trying to meet the needs of their customers and then the customer perspective of is that going well as well. That would actually help, I think, even in the certification program side, kind of understanding what's going on there to see if the certification program can do something to help that as well.

Paul Egerman – Software Entrepreneur
Yes. I had a couple of comments on this: First, the whole issue about the timing for state two and stage three actually has already been discussed a fair amount at the Policy Committee meetings. This is an interesting and known issue. I think for our hearing we should simply be focusing on what is the challenges right now with stage one. It's premature to worry about what's going to happen with stage two and stage three. Let's try to understand what's happening with stage one and hopefully that will help influence the subsequent stages.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
I like that idea—

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes, it's a good idea and it also kind of plays into what Lisa just said about people are out there right now trying to get to stage one. How is it going?

Paul Egerman – Software Entrepreneur
Yes. That's the thing we need to understand. How is it going? Where are the barriers?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes.

Paul Egerman – Software Entrepreneur
And especially, are there people who want to get to stage one and are getting frustrated because they can't make it.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes.

Paul Egerman – Software Entrepreneur
What are the problems that are causing that?

John Derr – Golden Living LLC – Chief Technology Strategic Officer
Isn't that what really Dr. Blumenthal told us at the last Standards meeting or the meeting before? He said he wanted to sort of really concentrate on stage one and even slow down getting the criteria for stage two so we find out how people are doing in stage one.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Right, which kind of goes back to the whole purpose of this hearing.

John Derr – Golden Living LLC – Chief Technology Strategic Officer
Right.

Paul Egerman – Software Entrepreneur
That's right. The purpose of the hearing should be just simply to understand what are the obstacles and challenges and problems and maybe also where are things going well—

Judy Murphy – Aurora Healthcare – Vice President of Applications
Right. It would be nice to hear something is going well, right, Paul?

Paul Egerman – Software Entrepreneur
Well, it's not necessarily all bad and so let's try to understand that and let's hope that that will influence the subsequent stages, but let's not worry yet about the timing and what's going to happen in the future. Let's just look at stage one.

W
To that point, Lisa Carnahan, as long as you're on the phone, is there anything we're missing that NIST might want to add to the public foray here in terms of I don't know if you guys have enough experience in answering questions of vendors for the test criteria, but is that a missing piece that we should maybe throw in here?

Lisa Carnahan – National Institute of Standards Technology – Chair
Yes. I say that because I know that we are; and we admittedly are; a bit behind in getting questions answered. We've had about 580 questions from the start. So we did get behind in answering them, but I think part of our interest in hearing from vendors and implementers is we will drill down and go down

through the criteria into the testing to see if our bar is too high or the bar is too low, because we look at it in terms of balancing the robustness of testing with the cost.

W
Yes.

Lisa Carnahan – National Institute of Standards Technology – Chair
We don't want to price everybody out of the market. So that will be interesting from that perspective. I don't know that that's a direct question. I think we can probably speak to when you have the communication vehicles discussion; we could participate in that as the one who gets most of the questions about the test method. We get a lot of questions about the criteria, but we forward that on. It's not the test method, a lot from vendors, some providers. I say that knowing that we will take a hit because we do get delayed in trying to answer the questions, but I think that's sort of the role we could play.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
That's good.

W
But in the meantime it would be helpful to know, again, using that term one more time, the efficacy of that?

Lisa Carnahan – National Institute of Standards Technology – Chair
Absolutely.

W
Yes.

Lisa Carnahan – National Institute of Standards Technology – Chair
Yes, it would. I'm saying that knowing that we'll take a hit and that's fine. It's fair.

W
Yes.

Lisa Carnahan – National Institute of Standards Technology – Chair
It's fair.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
So you would be able to provide us, Lisa or Judy Sparrow, you and Lisa could work together and come up with a name for us?

Judy Sparrow – Office of the National Coordinator – Executive Director
Sure. Lisa, is that okay?

Lisa Carnahan – National Institute of Standards Technology – Chair
Sure.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you.

Lisa Carnahan – National Institute of Standards Technology – Chair
Sure. Do you mean from a NIST perspective or from a vendor—?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Correct.

Lisa Carnahan – National Institute of Standards Technology – Chair
From a NIST perspective. Yes. Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Because I think again, Lisa, just to be clear, that we're probably going to want to have this balance of you guys having the opportunity to say what you have put out there—

Lisa Carnahan – National Institute of Standards Technology – Chair
Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
And then correspondingly, probably more in your case having the vendors' response to how valuable was that and what would have made it even better.

Lisa Carnahan – National Institute of Standards Technology – Chair
Yes. Oh, absolutely. Yes. In fact, I may end up preempting and saying we have heard things and here's how we're changing.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. Yes. But that's the whole idea is actually learning so we can make it better.

Lisa Carnahan – National Institute of Standards Technology – Chair
Actually, we've had some discussion as part of the discussions the EHR vendor association had with ONC and we've gotten a lot of good suggestions and feedback from them, so it may be vendors as part of they were speaking as that, but they're individual vendors. So we may be able to draw upon some of them. They will have their fair criticisms of our good and badness.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Sure.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Sounds good.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Well, it does sound like we've talked through this pretty well, but I'm not feeling like we're walking away with a whole mess of names. What I think I'm going to ask is that everybody really think this through after hearing this conversation. Please respond to the group or just to Judy Sparrow or just to me or Liz with any specific names and organizations and where the folks might be the best placed if they would be on a panel. Because again, we all tend to kind of go to the same places and I think we'd be looking for some real different kinds of options here, but again, focus on—

Ken Tarkoff – RelayHealth – VP & General Manager
What I didn't have clarity on, on the last one, on operationalizing exchange, because I was trying to figure out how I could help there, I guess what I was interpreting was the best way to do it would be have some

speakers that talk about how exchanges are helping providers achieve stage one. That would be the context of the ... question—

<u>Judy Murphy – Aurora Healthcare – Vice President of Applications</u>
Well, and maybe some providers responding to how it's working.

<u>Ken Tarkoff – RelayHealth – VP & General Manager</u>
Yes. I was actually thinking of providers participating. I'm sorry. That's what I meant. I mean I guess if we wanted to have the state designated ... but it might be better to have providers describing how they've been using exchange to get it as that topic. Is that what you were thinking?

<u>W</u>
Yes and I think it's going to be tough to find somebody who is, because technically at stage one you do not need to be connected to an exchange, but it might be helpful to push the envelope a little bit if we could come up with some examples where people are using that.

<u>Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics</u>
Yes. It was an interesting example. I don't know if it was you or someone else that gave that said they're using that even to report data. So we certainly would want to hear about that for stage one.

<u>Ken Tarkoff – RelayHealth – VP & General Manager</u>
Yes. I think I can help with a couple of ideas there too, so I'll—

<u>Judy Murphy – Aurora Healthcare – Vice President of Applications</u>
That would be great. Because again, going back to the NIST test case on that particular one, I mean you could have the CCD on a jump drive and just prove that you can upload it.

<u>Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics</u>
Right.

<u>Ken Tarkoff – RelayHealth – VP & General Manager</u>
Right.

<u>Judy Murphy – Aurora Healthcare – Vice President of Applications</u>
But yes, pushing the envelope and telling people how it could be a little different would be a great idea. So yes, I was just finalizing the call for please send us anything and everything that you've got.

<u>Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics</u>
Yes. Names are very helpful, folks.

<u>Judy Murphy – Aurora Healthcare – Vice President of Applications</u>
Yes. Anything else, Liz, that you would like to—?

<u>Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics</u>
No. I think I know Judy and I both really appreciate the level of participation today to sort of come out with sort of finalizing more of the direction and content, as well as really appealing to you guys to get us some names specifically. I mean we will find people, but we really want the workgroup to help us expand our horizons.

<u>Judy Murphy – Aurora Healthcare – Vice President of Applications</u>

Should we open for public comment?

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, that sounds good. Operator, can you please invite the public to make a comment?

Operator
We do not have any comment at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you, operator. Thank you, Judy and Liz and everybody.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Thank you, everybody. We'll talk to you very soon.

Participants
Thank you. Good-bye.